

RYAN WHITE PROGRAMS

General Conditions of Award

PROGRAM AUTHORITY

This policy applies to entities (herein referred to as the subrecipients) who are awarded Ryan White Part A or Minority AIDS Initiative (MAI) funding through the Baltimore City Health Department (BCHD) or Associated Black Charities (ABC) as the contracted Fiscal Agent for Ryan White Programs. The authority for this policy is the Ryan White HIV/AIDS Treatment Modernization Act of 2009, Public Health Service (PHS) Act under Title XXVI, as administered through the U.S. Department of Health and Human Services (DHHS), Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB), Division of Service Systems (DSS).

The Chief Elected Official (CEO) of the EMA is the Mayor of Baltimore City. As the official recipient of Ryan White funds, the CEO is responsible for administering all aspects of the program and compliance to legal requirements. The CEO has delegated authority to administer the Ryan White Program to the BCHD as the "Grantee." BCHD further contracts with ABC to serve as the Fiscal Agent for the purposes of contracting and reimbursement associated with direct services awarded Ryan White funding.

The following policies and regulations are applicable in the development and or requirements stated in this policy.

- 1) Ryan White HIV/AIDS Treatment Modernization Act of 2009 provides the Federal HIV/AIDS programs in the Public Health Service (PHS) Act under Title XXVI
- 2) Ryan White Part A Manual, HRSA, HIV/AIDS Bureau, 2006
- 3) Local Standards of Care as approved by the Greater Baltimore HIV Health Services Planning Council
- 4) Health Resources and Services Administration, HIV/AIDS Bureau, Policies and Regulations related to Ryan White Programs

APPLICABILITY

The award of Ryan White funding is contingent on subrecipient's compliance to the conditions of award outlined in this document, and as further amended by federal or local policies and regulations that change during the contractual period. Subrecipients are required to develop, and have approved by the Grantee a budget and work plan that incorporate all applicable conditions of award. Failure to fully comply may result in the reduction or termination of funds awarded, the classification as a high-risk program or other exceptions as deem appropriate by the Grantee and or Fiscal Agent.

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POLICY

Federal Funding Requirements

1. The Subrecipient awarded Ryan White funds must comply with Federal grant requirements pursuant to the law and program guidelines of Ryan White CARE Act; which require funds to be used in a manner consistent with current and future program policies as developed by the Division of Service Systems, HIV/AIDS Bureau (HAB), the Health Resources and Services Administration (HRSA). Current policies are available on the HAB website: www.hab.hrsa.gov.
2. The Subrecipients must document referral relationships with key Points of Entry that detail linkages to promote access to HIV related services to HIV+ individuals not in care. Examples of Key Points of Entry are emergency rooms, substance abuse programs, detoxification programs, adult and juvenile detention facilities, Sexually transmitted Disease clinics, federally qualified health centers, HIV counseling, testing and referral sites, mental health programs and homeless shelters. Referral relationships must be documented by a Memoranda of Understandings that is valid within 1-year of the contract start date.
3. The Subrecipients must establish a mechanism to ensure referrals of Ryan White eligible client to medical and support services outside of the subrecipient's agency.
4. Ryan White funds can not be used to supplant or replace current state or local funding. Subrecipients with continuing awards are encouraged to adopt a fiscal methodology, which is consistent year to year and includes the same program accounts. HRSA requires that documentation of the spending of dollars must be maintained and clear. This requirement is subject to audit.
5. Under Section 2605 (a)(6) Ryan White funds cannot be used to pay for any item or service that can reasonably be expected to be paid under any other State compensation program, insurance policy, or any other Federal or State health benefits program or by any entity that provides health services on a prepaid basis. This means that providers are expected to make reasonable efforts to secure other funding instead of Ryan White funds whenever possible.
6. If Subrecipient elects to use Ryan White funds for client services which are eligible for both third party reimbursement and Ryan White funding, the provider must have a system in place to bill and collect from the appropriate third party payer. Only if the client has been determined to not be eligible for reimbursement for Medicaid or other third party payers, may the subrecipient use Ryan White funds to provide services. The Subrecipient may use Ryan White funds while a Medicaid eligibility determination is pending, but must on approval on client's eligibility back bill Medicaid retroactively for from the date of service delivery. The Fiscal Agent reserves the right to audit records and or require proof that Ryan White funds are not being used to support clients enrolled in third party reimbursement programs. ***Under Section 2604 (e), the Fiscal Agent can only contract with Medicaid certified subrecipients if the service is covered under Medicaid.***

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7. Direct services (*core medical or supportive*) funded by Ryan White Programs must be offered without regard to an individual's ability to pay, the individual's past or present health condition and in a setting that is accessible to low income individuals living with HIV disease. The Grantee has established eligibility requirements as follows: **1)** Laboratory slip that documents the HIV positive status and or medical diagnosis as evidence by the signature of a physician; **2)** Proof of residency in the Baltimore EMA; **3)** Income at 300% of poverty or below; **4)** Assessment of eligibility for third party payers; and **5)** Use of the Eligibility Verification System (EVS) for the State of Maryland to determine enrollment in Medicaid. Subrecipients must establish internal procedures to verify and document client eligibility for Ryan White funded services.

8. The Subrecipients shall not use Ryan White Program funds in order to:

- Support the costs of operating clinical trials of investigational agents or treatments;
- Cover the costs of funeral, burial, cremation or other related expenses;
- Purchase clothing;
- Make payments directly to recipients (*the HIV+ person*) of services,
- Support legal services for criminal defense;
- Provide direct maintenance expenses of privately owned vehicles or any other costs associated with a vehicle, such as lease or loan payments, vehicle insurance, or license registration fees;
- Purchase or improve land, or to purchase, construct, or make permanent improvement to any building, except for minor remodeling;
- Pay property taxes.

9. The Federal Government¹ is committed to improving the accessibility of services to eligible Limited English Proficiency (LEP) persons. Subrecipients must compliance with applicable federal standards that to ensure that Ryan White Programs are accessible to LEP persons and thus do not discriminate on the basis of national origin in violation of title VI of the Civil Rights Act of 1964, as amended, and its implementing regulations. As described in the LEP Guidance, subrecipients of Ryan White Program funds must take reasonable steps to ensure meaningful access to their programs and activities by LEP persons. Subrecipients must assess the language needs of the population served and have procedures in place to ensure appropriate translation services; both oral and written.

10. Subrecipients shall assure that administrative costs do not exceed 10% of total amount of Ryan White funds awarded. Administrative costs include: depreciation, use allowances on buildings and equipment, costs of operating and maintaining facilities, general administrative expenses associated with executive offices, personnel administration, accounting, costs associated with the management and oversight of program, quality assurance, and other related activities and 'overhead' costs. Examples of administrative costs can include: rent, utilities, communications (unless directly related to the provision of service), liability and professional insurance, office supplies, audits, computer hardware/software, payroll/accounting services, data

¹ EXECUTIVE ORDER 13166, IMPROVING ACCESS TO SERVICES FOR PERSONS WITH LIMITED ENGLISH PROFICIENCY, dated August 11, 2000

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collection activities related to the **Ryan White HIV/AIDS Program Data Report (RDR), and the Ryan White HIV/AIDS Program Services Report (RSR)**..

11. While subrecipients can have a negotiated indirect cost rate with the federal government, subrecipients of Ryan White Program funds are **restricted to a maximum indirect cost rate of 10%**. Additionally, Ryan White Program funds can not be used for the following:
- Construction is not allowable. Minor alterations and renovations to an existing facility, to make it more suitable for the purpose of the grant program are allowable with prior HRSA approval;
 - Entertainment costs are not allowable. This includes the cost of amusements, social activities and related incidental costs;
 - Fundraising expenses are not allowable;
 - Lobbying expenses are not allowable; and
 - International travel is not allowable.

Other non-allowable costs can be found in the appropriate OMB Circular, available at <http://www.whitehouse.gov/omb/circulars/>.

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Personnel Requirements

1. Per instructions in the budget package, the Subrecipient must provide to the BCHD program officer, within 30 days of hiring or assignment, the names, job titles, resume and applicable certificates, salaries and percentage of full time equivalency of all personnel funded by this award and hired during this funding period.
2. The Subrecipient(s) shall obtain written approval from BCHD before affecting changes regarding positions funded under this award. Requests for changes in personnel must include a job description, a work plan detailing assignments and time line, the position classification, and information on FTE equivalency.
3. All staff that implements HIV funded projects shall be trained and educated in HIV knowledge and skills relevant to the funded project and attend periodic Departmental trainings as required.
4. Criminal Background investigation records shall be obtained on all employees and volunteers who work with youth under the age 18, pursuant to Sec. 5-560 through 5-568 of the Family Law Article of the Annotated Code of Maryland.

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Program Requirements

1. Subrecipients are required to submit monthly fiscal reports and request for reimbursement to the Fiscal Agent. The monthly fiscal reports are due on the 10th of each month. No payment will be made to the Subrecipient if required programmatic and fiscal reports have not been received by either ABC or BCHD. **Noncompliance with the reporting requirements will be reason to impose a penalty up to 10% of the payment request.** Consistent patterns of late reporting will play a critical role in the rating of a Subrecipient's performance that will be a major factor in future award processes. Program reports, work plan updates and other programmatic data reports must be submitted to the Grantee as required.
2. In meeting the Federal requirements under Section 2604 (4) (A), Subrecipients are required to provide to data on the number of women, infants, children and youth. Subrecipients must submit monthly reports detailing the number of women, infants, youth and children served under each category. The age parameters for this report are as follows: females aged 25 and older, infants from birth through 24 months, children 2 through 12 years of age and youth 13-24.
3. Subrecipients are required to submit as scheduled and in the format requested by the Grantee, unduplicated client level data associated with all clients receiving services funded under a Ryan White Program.
4. The Ryan White Services Report (RSR) collection and reporting system was implemented in fiscal year 2009. The RSR system captures information necessary to demonstrate program performance and accountability, and serve as a substantial resource to Ryan White HIV/AIDS grantees. All outpatient/ambulatory medical care providers as well as medical case management subrecipients are required to submit client-level data annual. Please refer to the HIV/AIDS Program Client Level Data website at <http://hab.hrsa.gov/manage/CLD.htm> for additional information.
5. The Subrecipient must ensure that communicable disease reporting requirements have been met for all patients served by this grant, specifically reporting by name those with AIDS or symptomatic HIV disease and complying with applicable Department of Health and Mental Hygiene regulations.
6. Subrecipients providing services in the following service categories must submit current unexpired licenses and or certificates for programs/staff as described in the Standards of Care and /or as required by COMAR: Substance Abuse Outpatient, Substance Abuse Residential, Medical Case Management, Home Health, Food and Nutrition; Hospice Care, Medical Nutritional Therapy, Outpatient Ambulatory Health Services, Oral Health Care, Mental Health, Legal Services, Medical Transportation, and Child Care Services.
7. Subrecipients are required to collect and report monthly program income generated through programs receiving Ryan White funding. The program income is to be used for the provision or expansion of services to eligible clients. "Program income defined as gross income—earned by a subrecipient or its subcontractor that is directly generated by the funded activity or earned as a result of the Ryan White award. Program income includes, but is not limited to, income from fees for services performed (e.g., direct payment, or reimbursements

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received from Medicaid, Medicare and third-party insurance); and income a subrecipient earns as the result of a benefit made possible by receipt of Ryan White funds.

Direct payments include charges imposed by subrecipients for services as required under Section 2605(e) of Program legislation, such as enrollment fees, premiums, deductibles, cost sharing, co-payments, coinsurance, or other charges. Program income must be “Added to funds committed to the funded program and used to further eligible program objectives.” Subrecipient’s must have systems in place to account for program income, and for monitoring to ensure that program income is used consistent with grant requirements.

8. All subrecipients will be undergo a website check against the Maryland Department of Assessments and Taxation database; <http://www.dat.state.md.us/> to verify that the subrecipient agency is in good standing with the State of Maryland. The Grantee and or Fiscal Agent will complete this verification prior to the release of the formal notice of award. Subrecipients who are not in “good standing” will have thirty (30) days from the date of the award notice to resolve, and obtain “good standing”. Failure to do so will result in termination of contract.

9. Within sixty (60) days of signing a contract for Ryan White funding, subrecipients of Outpatient Ambulatory Health Services contracts must have enrolled one (1) physician in the online Buprenorphine Treatment Training program provided by the Baltimore City health Department.

10. Subrecipients of Ryan White funds must adhere to local Standards of Care applicable to the funded service category for which funds are received, and any directives as adopted and approved by the Planning Council.

11. Subrecipients of Ryan White funding will fully participate in the conduct of an annual client satisfaction survey administered through the Infectious Disease & Environmental Health Administration.

12. Subrecipients will comply with all HRSA and Ryan White Treatment Extension Act policies and procedures, including all changes to such requirements that may occur during the contract year.

13. Subrecipients must comply with all Federal, State and Local laws, ordinances, rules and regulations, and applicable codes of ethics, including any requirements under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Interim Expenditure and Annual Report requirements pertaining to or regulating the services to be performed pursuant to this Agreement, including those now in effect and hereafter adopted. Any violation of such laws, ordinances, rules and regulations, and applicable codes of ethics shall constitute a material breach of this Agreement and shall entitle the Fiscal Agent to terminate this Agreement immediately upon delivery of written notice of termination.

14. Subrecipients will maintain a comprehensive unduplicated client level database of all eligible clients served with Ryan White funding that will provide demographic, service utilization and performance outcome measures as required and be able to submit this information in the format and frequency as requested by the Grantee.

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Budget Requirements

1. All budget modification requests must have prior approval by the BCHD program officer assigned to the Subrecipient. Written requests for modifications to the original budget shall be submitted by the Subrecipient at least thirty (30) days before the effective date of the proposed changes, and shall have prior written approval from the BCHD program officer before being implemented. Modifications are required for changes to Ryan White Part A budgets with a line item change greater than 3% for that particular line item.
2. Ryan White revised budgets for FY 2010 is due by March 31, 2010 to ABC accountants. Extensions can only be granted through a written request to the Director of Grants Management and approval by the Deputy Director for Administration at the Grantee's Office.
3. The Subrecipient must bill in accordance with Federal guidelines and show as grant income all third party reimbursements or fees collected in connection with this project, regardless of the location of service provision or the residence of the client/recipient within the Baltimore EMA.
4. Fee collections from third party payers and/or self-paying clients are to be projected in the budget submitted to ABC. Actual fee collections will be shown on the final budget reconciliation (B-3 Forms).
5. An existing Subrecipient who fails to submit the FY 2009 Annual Report (Form 440 and Form 440A) **will not receive FY 2010 payments after May 31, 2010**, until the reports are submitted and reconciled.
6. The Subrecipient will be held responsible for any funding shortfall that is a result of an overestimation in fee collections.
7. A funded program that subcontracts any portion of their award must submit on all-applicable budget forms for that portion of the award subcontracted out. Additionally, the Subrecipient is responsible for all required programmatic reports.
8. Any training cost line item must be detailed in the budget justification, and include the name of the individual(s) and the purpose of the training. **Training which is required to maintain licensure is not allowable.**
9. Any travel cost line item must be detailed in the budget justification, and include the individual(s) traveling and the stated purpose of the travel must be specific.

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Out-of-state travel is not allowed

10. New Subrecipient must submit Articles of Incorporation as registered with the Maryland Department of Taxation and Assessments, Federal Tax ID Number and proof of 501©(3) status. A Provider must submit documentation of proof of their professional and general liability insurance coverage (\$3,000,000) and their fidelity bond purchase equal to 33% of the total award amount.

11. Ryan White Part A funds are awarded to support programs over a 12-month period. Work plans and performance measures must reflect this requirement. Failure to adequately plan and conduct services to meet this requirement, will impact future funding.

Required Meetings

1. All funded Subrecipient are encouraged to participate as an active member of the Greater Baltimore HIV Health Services Planning Council.

2. Subrecipients must attend mandatory management meetings as scheduled by the Grantee, as well as other mandatory meetings called by the Fiscal Agent during the grant year. The Subrecipient must attend Clinical Quality Management meetings or training sponsored by the Grantee as requested.

Monitoring Roles / Responsibilities

1. The Subrecipient must participate in the BCHD's CQM activities which may include, but not be limited to: (a) CQM chart audits; (b) annual client satisfaction surveys; (c) mandatory meetings as needed and (d) any other reporting requirement as requested. ABC will conduct fiscal site visits, which will include, but not be limited to: interviews of staff, review of fiscal and clinical records, interviews with clients, and observation of service delivery. The site visit may be conducted by ABC, BCHD representatives and/or by HRSA or a Subrecipient appointed by BCHD.

2. The Subrecipient shall adhere to all policies and procedures in the local Standards of Care as developed by the Greater Baltimore HIV Health Services Planning Council. It is the responsibility of the Subrecipient to keep the manual current. If requirements change, Subrecipient is required to meet the new requirements. A copy of the current local Standards of Care is available on the Web: <http://www.baltimorepc.org>.

3. Community Resource Directory Requirement - All funded providers in Baltimore City and Baltimore County must submit a profile for the establishment of a web-based resource database

4. Subrecipients are required to participate in the annual Assessment of the Administrative Mechanism conducted by the Planning Council by completion of questionnaire and interviews with coordinator as requested.